

Foster Family Home - Corrective Action Report

Provider ID: 1-160035

Home Name: Marlene Casem, CNA

98-1443 Hoohiki Street

Pearl HI 96782

Review ID: 1-160035-4

Reviewer: Julie Hastings

Begin Date: 4/21/2020

Foster Family Home Required Certificate

[11-800-6]

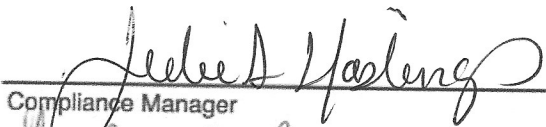
6.(d)(1) Comply with all applicable requirements in this chapter; and

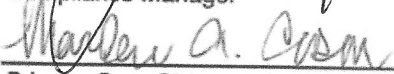
Comment:

6.(d)(1)

Home inspection completed for a 3 person CCFFH recertification.

-Home is in compliance with all requirements. Home will receive a 3 bed certification.


Compliance Manager


Primary Care Giver


Date


Date